



Arizona Regional All-Hazards Communications Unit Recognition Submission Checklist



Name _____
First Name Middle Initial/Name Last Name

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Position for which you are applying for recognition _____

Rank and/or Working Title _____

Agency Name _____ 24/7 Phone Number _____

Agency Address _____

Agency City _____ State _____ Zip Code _____

Agency Contact Name _____ Title _____

Contact Phone Number _____ Email Address _____

☐ All-Hazards Course Prerequisite Training Completed (Attach Copies of Certificates of Completion or Training Record):

☐ ICS 700

☐ ICS 800

☐ ICS 100

☐ ICS 200

☐ ICS 300 (*This course is only required for COML recognition*)

☐ Copy of Certificate of Completion from All-Hazards position training course

☐ Legible All-Hazards Position Taskbook, including the following completed elements:

☐ All numbered tasks initialed by appropriate approval authorities

☐ Contact information provided for each evaluator at the end of the Taskbook

☐ Final Evaluator's Verification

☐ Arizona Agency Certification

Applicant Signature _____ Date _____

Submission of Materials

Mail or In Person

PSIC Office, Arizona Strategic Enterprise Technology Office
100 N 15th Avenue, Suite 400
Phoenix, AZ 85007

Electronic

psic@azpsic.gov

For Questions, call (602) 364-4498

For PSIC Office Use:

Received By Title Date